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FROM: HERSHKOVITZ & ASSOC.

FAX: 7033704809

TEL: 7033704800

COMMENT:

**HERSHKOVITZ &  
ASSOCIATES, LLC**28454 DUKE STREET  
ALEXANDRIA, VA 22314  
Tel: 703-370-4800  
Fax: 703-370-4809  
patent@hershkovitz.net**E-Mail/Facsimile**To: **USPTO**From: **Abe Hershkovitz**

Email:

Date: **February 7, 2011**Facsimile: **571-273-8300**Pages: **3****RE: US Patent No. 7,749,585; Our Ref. J26000**☒ **Urgent**☒ **For Review**☐ **Please Comment**☒ **Please Reply**☐ **Please Recycle**\*\*\*\*\***CONFIDENTIALITY NOTE**\*\*\*\*\*

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Dear Commissioner:

**PLEASE SEE THE ATTACHED.****HERSHKOVITZ & ASSOCIATES, LLC**

J26000: AH/pjj

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# HERSHKOVITZ & ASSOCIATES, LLC

## PATENT AGENCY

2845 DUKE STREET, ALEXANDRIA, VA 22314  
 TEL. 703-370-4800 ~ FACSIMILE 703-370-4809  
 patent@hershkovitz.net ~ www.hershkovitz.net

Patentee: Alan Zamore

Patent: 7,749,585

Issued: July 6, 2010

For: REDUCED PROFILE MEDICAL BALLOON ELEMENT

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Commissioner:

Transmitted herewith is a **REVOCATION/NEW POWER OF ATTORNEY/CHANGE OF CORRESPONDENCE ADDRESS** in connection with the above-captioned Patent.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
			Rate	Fee	Rate	Fee
*Total Claims:			x 26=	\$	x 52=	\$
**Indep. Claims:			x 110=	\$	x220=	\$
Extension Fee for	Months			\$		\$
Other:				\$		\$
Total:				\$	Total:	\$

- ☐ Fee Payment made through EFS.
- ☐ Payment is made herewith by Credit Card (see attached Form PTO-2038).
- ☒ The Director is hereby authorized to charge all fees under 37 CFR §§ 1.16 and 1.17 which may be required to maintain pendency of this application, or credit any overpayment or refund, to Deposit Account No. 50-2929.
- ☐ The Director is hereby authorized to charge all fees under 37 CFR § 1.18 which may be required to complete issuance of this application, or credit any overpayment or refund, to Deposit Account No. 50-2929.

Date: February 7, 2011

Respectfully submitted,

Abe HersHKovitz  
 Registration No. 45,294  
 Dinh X. Nguyen  
 Registration No. 54,923

J28000; AH/DXN/pjj